



O 2 - 2004; 12:30PM; OFFICE OF COUNSEL

; 805 9891695

A- 4

PART B - FEE(S) TRANSMITTAL

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7590 11/16/2004

NAVAL AIR WARFARE CENTER
WEAPONS DIVISION (CODE K00000E)
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

TRUDI SLOANE

(Depositor's name)

(Signature)

December 2, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/664,614	09/19/2003	Marvin L. Ryken	84910	4021

TITLE OF INVENTION: REDUCED SIZE TM CYLINDRICAL SHAPED MICROSTRIP ANTENNA ARRAY HAVING A GPS BAND STOP FILTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/16/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
NGUYEN, HOANG V	2821		343-7000MS		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. DAVID S. KALMBAUGH

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
United States of America
as represented by the
Secretary of the Navy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Washington, DC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 1

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0931 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date December 2, 2004

Typed or printed name DAVID S. KALMBAUGH

Registration No. 29,234

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No. Pages Incl. Cover **5**

TO: USPTO
Issue Fees Section

PHONE NO.:
FACSIMILE NO.: 703-746-4000

CC:

PHONE NO.:
FACSIMILE NO.:

FROM: TRUDI SLONE
Office of Counsel, Naval Air Warfare Center Weapons Div

PHONE NO.: (805) 989-7735
FACSIMILE NO.: (805) 989-1695

DATE: 2 December 2004

SUBJECT: Issue Fees for Navy Case 84910, Application No. 10/664,614

COMMENTS:



12-2-04 12:30PM; OFFICE OF COUNSEL

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PTO/SB/04 (06-03)

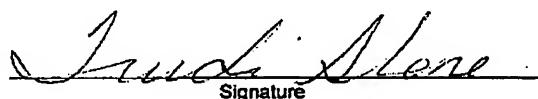
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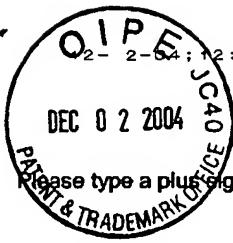
Attorney Docket No. 84910

Attached Paper(s) or Fee(s):

Transmittal Form 1 page
PTOL-85 Fee(s) Transmittal Form (2 copies) 2 pages

This collection of information is required by 37 CFR 1.53(b). The information is required or obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/664,614
		Filing Date	9/19/03
		First Named Inventor	RYKEN JR., Marvin L.
		Art Unit	2821
		Examiner Name	NGUYEN, Hoang V.
Total Number of Pages in This Submission	3	Attorney Docket Number	84910

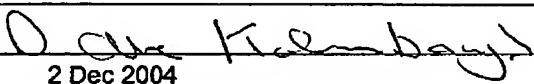
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below)
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PTOL-85 Fee Transmittal Form

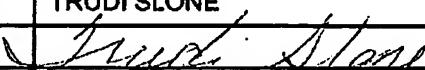
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David S. Kalmbaugh	29,234
Signature		
Date	2 Dec 2004	

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Signature		Date	2 Dec 2004

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